



Executive Summary

Summarizes the Site, Parking, Facility Size, Staff and Contract Health Dollars necessary for the Service Delivery Plan in 2015. Identifies the Direct Care Services Offered to include highlighting any new services. Identifies the communities and population served for each service. The second page of the Executive Summary documents the priority resource issues as identified through the Master Planning process.

Historical Utilization by Location of Encounter

Documents 3 years of RPMS and contract care workloads provided at the facility predominantly serving the Primary Care Service Area by product line and specialty.

Historical Utilization by Community of Residence

Documents 3 years of RPMS and contract care workloads provided to the user population of the Service Delivery Area by product line and specialty.

Market Assessment

Compares the Historical Workload to the Health System Planning software and to national averages of patient care utilization, projecting future workloads based upon the worst case of these three planning scenarios. Also documents the percentage of care that will require contracting due to acuity and the quantity of care that can potentially be served by the direct care system.

Service Delivery Plan

Recommended service delivery plan by product line based upon projected workload, key characteristics, patient classification and tribal and IHS input.

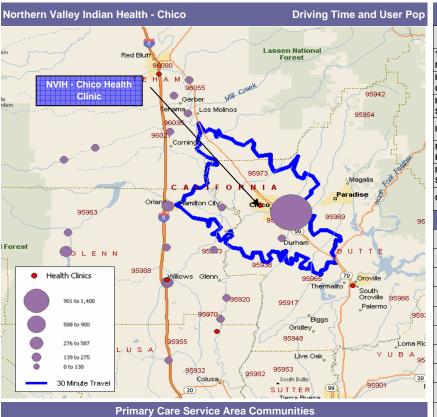
Resource Allocation

Quantifies the necessary space and key characteristics for the Service Delivery Plan and compares them against existing resources. Also tabulates necessary contract health dollars based on the delivery plan.

© 2005 Page 1 of 28



Executive Summary



Capay, Chico, Durham, Hamilton City, Ord Band

Resource Summary									
	Existing	Need	%						
Total Gross Sq Mtrs (GSM)	1,060	1,559	68.0%						
IHS Supportable GSM	1,060	1,490	71.1%						
IHS Parking Spaces	52	59	87.7%						
IHS Site (Hectares)	0.2	1.1	17.5%						
Recurring IHS Positions vs RRM	13.5	46.2	29.2%						
IHS Supportable Space Staff	49.0	52.2	93.8%						
Contract HIth \$	367,880	5,016,998	7.3%						

Service Summary

Primary Care, including

Family Practice
Traditional Healing
Dental
Mental Health, Soc. Svcs., Alcohol
Visiting Professionals, including
Optometry, Podiatry, Audiology,
Psychiatry
 SA Transitional Care
Public Health Nursing

CHR
Diabetes Program

Case Management

Public Health Nutrition

2003 User Pop	916	6 Growth Rate 27.4%			2015 U	ser Pop	1,167		
2015 by Age									
0-14	334	15-44	577	45-64	191	65+	65		
		А	verage A	ge					
Service Area	29.2	29.2 California 26.7				USA 36.0			
Ехр	oanded Se	ervice Area	a #1		2015 U	ser Pop	N/A		
Services	Compiess								
Services									
Communities									
Ехр	oanded Se	ervice Area	a #2		2015 U	ser Pop	N/A		
Services									
Communities									New services are identified in red.



Executive Summary

Service Area Description

The Northern Valley Indian Health - Chico Health Center, serving the Primary Care Service Area Communities listed to the left, is located in the city of Chico, California approximately 90 miles north of Sacramento.

As part of the Northern Valley Indian Health, it is a hub of primary care for Native Americans residing in Chico. It sends most of its referral workload to Enloe Hospital in Chico and UC Davis in Sacramento. The closest alternative care options can be found in Chico (Primary, Secondary, and Tertiary Care).

As noted in the Service Summary to the left, the Chico Health Center plans to operate as a 40 hour per week Health Center with complete primary care services, dental, behavioral health and visiting providers services. Traditional healing and substance abuse transitional care is also anticipated.

Facility Description

The Chico Health Center Facility is a permanent structure that is approximately 1,060 SM, originally opened in 1998 with renovations in 2004. The healthcare clinic portion of the building occupies about 796 SM, or roughly 75% of the total space.

	Services & Resourcing Priorities								
1	Add Visiting Provider Exam Room								
2	Add Visiting Provider Office								
3	Increase Contract Health FTE								
4	Add Contract Health Space								
5	Add Public Health Nursing FTE								
6	Add Public health Nursing Space								
7	Add Business Office FTE								
8	Add Business Office Space								
9	Add Diabetes Program FTE								
10	Increase Behavioral Health Space								
11	Add Information Management Space								
12	Increase Information Management FTE								
13	Add Case Management FTE								
14	Add Case Management Space								
15	Increase Mental Health FTE								



Executive Summary

	Services & Resourcing Priorities Continued								
16	Increase Administration FTE								
17	Add Houskeeping & Linen FTE								
18	Add Houskeeping & Linen Space								
19	Add Traditional Healing FTE								
20	Add Traditional Healing Space								
21									
22									
23									
24									
25									

	Campus Infrastructure Priorities										
1	No room for expansion.	7									
2		8									
3		9									
4		10									
5		11									
6		12									

	Functional Deficiencies									
1	Parking - not enough spaces to meet patient needs.	7								
2	Waiting Room - too small for large numbers of patients.	8								
3	Triage Designated Area - none available.	9								
4		10								
5		11								
6		12								



Historical Workloads by Location of Encounter - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	Direct or Tribal Health Care				Contract Health Care				
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
		Provider \	isits Only			Р	rovider Visits	Only	
Primary Care									
Family Practice	1,832	2,091	2,146	2,023	0	0	0	0	0.0%
Internal Medicine	0	0	0	0				0	0%
Pediatric	0	1	0	0	0	0	0	0	0.0%
Ob/Gyn	0	0	0	0	0	0	0	0	0%
Emergency Care									
Emergency/Urgent	0	0	0	0				0	0%
ER/Non-urgent	0	0	0	0				0	0%
Specialty Care									
Orthopedics	0	0	0	0	0	0	0	0	0%
Ophthalmology	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	0	0	0	0%
Otolaryngology	0	0	0	0	0	0	0	0	0%
Cardiology	0	0	0	0	0	0	0	0	0%
Urology	0	0	0	0				0	0%
Neurology	7	0	0	2	0	0	0	0	0.0%
Nephrology	0	0	0	0	0	0	0	0	0%
Allergy				0				0	0%
Pulmonology				^	_			^	00/
Gerontology									_
Gastroenterology	No	Provide	r Codes	within RP	MS Syste	m for the	se types	of Specia	alist.
Rheumatology							71		
Oncology		_	_		_	_	_	_	
Pediatric-Genetics				0				0	0%
Traditional Healing	0	0	0	0				0	0%
Totals	1,839	2,092	2,146	2,026	0	0	0		0%
Direct & Tribal Care + Contract Care	1,839	2,092	2,146	2,026					

 $^{^{\}star} \ \mathsf{Provider} \ \mathsf{Visits} \ \mathsf{-} \ \mathsf{Document} \ \mathsf{visits} \ \mathsf{to} \ \mathsf{a} \ \mathsf{Physician}, \ \mathsf{Nurse} \ \mathsf{Practitioner}, \ \mathsf{Midwife}, \ \mathsf{and} \ \mathsf{or} \ \mathsf{Physician} \ \mathsf{Assistant}.$

Other Ambulatory Care Services

Dental Service Minutes	73,231	80,451	93,805	82,496				0	0.0%
Optometry Visits	0	0	0	0	0	0	0	0	0%
Podiatry Visits	58	10	0	23	0	0	0	0	0.0%
Dialysis Patients	1	1	1	1				0	0.0%
Audiology Visits	0	0	0	0	0	0	0	0	0%
Outpatient Behavioral				_					
Health									
Mental Health Visits	0	27	1,586	538				0	0.0%
Psychiatry	0	0	0	0	0	0	0	0	0%
Social Services Visits	0	0	0	0				0	0%
Alcohol & Substance Abuse Visits	97	43	16	52				0	0.0%
BH Visit Totals	97	70	1,602	590	0	0	0	0	0.0%



Historical Workloads by Location of Encounter - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	Direct or Tribal Health Care				Contract Health Care				
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Inpatient Care									
Labor & Delivery Births	0	0	0	0	0	0	0	0	0%
Obstetrics Patient Days	0	0	0	0	0	0	0	0	0%
Neonatology Patient Days	0	0	0	0	0	0	0	0	0%
Pediatric Patient Days	0	0	0	0	0	0	0	0	0%
Adult Medical Patient Days									
Cardiology	0	0	0	0	0	0	1	0	100.0%
Endocrinology	0	0	0	0	0	0	0	0	0%
Gastroenterology	0	0	0	0	0	0	0	0	0%
General Medicine	0	0	0	0	0	0	0	0	0%
Hematology	0	0	0	0	0	0	0	0	0%
Nephrology	0	0	0	0	0	0	0	0	0%
Neurology	0	0	0	0	0	0	0	0	0%
Oncology	0	0	0	0	0	0	0	0	0%
Pulmonary	0	0	0	0	0	6	0	2	100.0%
Rheumatology	0	0	0	0	0	0	0	0	0%
Unknown	0	0	0	0	0	0	0	0	0%
Medical Patient Day Total	0	0	0	0	0	6	1	2	100.0%
Adult Surgical Patient Days									
Dentistry	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	0	0	0	0%
Gynecology	0	0	0	0	0	0	0	0	0%
Neurosurgery	0	0	0	0	0	0	0	0	0%
Ophthalmology	0	0	0	0	0	0	0	0	0%
Orthopedics	0	0	0	0	0	2	0	1	100.0%
Otolaryngology	0	0	0	0	0	0	0	0	0%
Thoracic Surgery	0	0	0	0	0	0	0	0	0%
Urology	0	0	0	0	0	0	0	0	0%
Vascular Surgery	0	0	0	0	0	0	0	0	0%
Surgical Patient Day Total	0	0	0	0	0	2	0	1	100.0%
Psychiatry Patient Days	0	0	0	0	0	0	0	0	0%
Medical Detox Patient Days	0	0	0	0	0	0	0	0	0%
Sub Acute/Transitional Care	0	0	0	0				0	0%
Inpatient Care Totals	0	0	0	0	0	8	1	3	100.0%
Direct & Tribal + Contract Care	0	8	1	3					
Substance Abuse Non- Acute	e Care								
Adult Residential Treatment	0	0	0	0				0	0%
Adol. Residential Treatment	0	0	0	0				0	0%
SA Transitional Care	0	0	0	0				0	0%
Substance Abuse Totals	0	0	0	0	0	0	0	0	0%
Elder Care				_			_	_	_
Skilled Nursing Patients	0	0	0	0				0	0%
Assisted Living Patients	1	1	1	1				0	0.0%
Hospice Patients	0	0	0	0				0	0%
Nursing Home Totals	1	1	1	1	0	0	0	0	0
				·			•		-



Historical Workloads by Location of Encounter - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	ire	Contract Health Care				
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Ancillary Services		•					•		
Lab Billable Tests	0	0	0	0				0	0%
Pharmacy Scripts	0	0	0	0				0	0%
Acute Dialysis Procedures	0	0	0	0				0	0%
Radiographic Exams	0	0	0	0	0	0	0	0	0%
Ultrasound Exams	0	0	0	0	· ·		·	0	0%
Mammography Exams	0	0	0	0				0	0%
Fluoroscopy Exams	0	0	0	Ö				0	0%
CT Exams	0	0	0	0				0	0%
MRI Exams	0	0	0	0				0	0%
Nuclear Medicine Exams	0	0	0	0				0	0%
Rad. Oncology Treatments	0	0	0	0				0	0%
Chemotherapy Treatments	0	0	0	0				0	0%
Physical Therapy Visits	0	0	0	0				0	0%
Occupational Therapy Visits	0	0	0	0				0	0%
Speech Therapy Visits	0	0	0	0				0	0%
Respiratory Therapy	0	0	0	0				0	0%
Cardiac Catheterization	0	0	0	0				0	0%
Home Health Care Patients	0	0	2	1				0	0.0%
Minor Procedure Cases									
Endoscopy	0	0	0	0	0	0	0	0	0%
Outpatient Surgery Cases									
Cardiovascular	0	0	0	0	0	0	0	0	0%
Digestive	0	0	0	0	0	0	0	0	0%
Endocrine	0	0	0	0	0	0	0	0	0%
ENT	0	0	0	0	0	0	0	0	0%
Gynecology	0	0	0	0	0	0	0	0	0%
Hemic and Lymphatic	0	0	0	0	0	0	0	0	0%
Integument	0	0	0	0	0	0	0	0	0%
Musculoskeletal	0	0	0	0	0	0	0	0	0%
Nervous	0	0	0	0	0	0	0	0	0%
Ocular	0	0	0	0	0	0	0	0	0%
Respiratory	0	0	0	0	0	0	0	0	0%
Urogenital	0	0	0	0	0	0	0	0	0%
OP Surgical Case Total	0	0	0	0	0	0	0	0	0%
Inpatient Surgery Cases	0	0	0	0	0	1	0	0	100.0%
Surgical Case Total	0	0	0	0	0	1	0	0	100%
Direct & Tribal + Contract Care	0	1	0	0					
EMC Dro Hospital Doop	0	0	0	0				0	00/
EMS - Pre-Hospital Resp.	0	0	0	0				0	0%
EMS - Inter Hospital Resp	0	0	0	0				0	0%



Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	ıre		Co	ntract Healt	h Care	
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
		Provider \	isits Only	•		Р	rovider Visits	Only	
Primary Care									
Family Practice	1,625	1,846	2,011	1,827	0	0	0	0	0.0%
Internal Medicine	0	0	0	0				0	0%
Pediatric	6	6	4	5	0	0	0	0	0.0%
Ob/Gyn	0	0	0	0	0	0	0	0	0%
Emergency Care									
Emergency/Urgent	0	0	0	0				0	0%
ER/Non-urgent	0	0	0	0				0	0%
Specialty Care									
Orthopedics	0	0	0	0	0	0	0	0	0%
Ophthalmology	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	0	0	0	0%
Otolaryngology	0	0	0	0	0	0	0	0	0%
Cardiology	0	0	0	0	0	0	0	0	0%
Urology	0	0	0	0				0	0%
Neurology	4	0	0	1	0	0	0	0	0.0%
Nephrology	0	0	0	0	0	0	0	0	0%
Allergy				0				0	0%
Pulmonology				^	_			^	00/
Gerontology	_								
Gastroenterology	N	o Provide	r Codes	within RP	MS Syste	m for the	se types	of Specia	alist.
Rheumatology		5 1 10 VIGO			e eyete		00 13 000	от ороско	
Oncology									
Pediatric-Genetics				0				0	0%
Traditional Healing	0	0	0	0				0	0%
Totals	1,635	1,852	2,015	1,834	0	0	0		0%
Direct & Tribal Care + Contract Care	1,635	1,852	2,015	1,834					

^{*} Provider Visits - Document visits to a Physician, Nurse Practitioner, Midwife, and or Physician Assistant.

Other Ambulatory Care Services

Dental Service Minutes	73,231	80,451	93,805	82,496				0	0.0%
Optometry Visits	6	3	3	4	0	2	4	2	33.3%
Podiatry Visits	49	11	6	22	0	0	0	0	0.0%
Dialysis Patients	1	1	1	1				0	0.0%
Audiology Visits	0	0	0	0	0	3	5	3	100.0%
Outpatient Behavioral									_
Health									
Mental Health Visits	0	27	1,586	538				0	0.0%
Psychiatry	9	11	8	9	0	0	0	0	0.0%
Social Services Visits	0	0	0	0				0	0%
Alcohol & Substance Abuse Visits	97	43	16	52				0	0.0%
BH Visit Totals	106	81	1,610	599	0	0	0	0	0.0%



Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

		Direct or Trib	al Health Ca	are		Со	ntract Healt	h Care	
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Inpatient Care									
Labor & Delivery Births	0	0	0	0	0	2	0	1	100.0%
Obstetrics Patient Days	0	0	0	0	0	5	0	2	100.0%
Neonatology Patient Days	0	0	0	0	0	11	0	4	100.0%
Pediatric Patient Days	0	0	0	0	0	0	0	0	0%
Adult Medical Patient Days		_	_	_		_	_		
Cardiology	0	0	0	0	0	0	2	1	100.0%
Endocrinology	0	0	0	0	0	0	0	0	0%
Gastroenterology	0	0	0	0	0	0	2	1	100.0%
General Medicine	0	0	0	0	0	0	0	0	0%
Hematology	0	0	0	0	0	0	0	0	0%
Nephrology	0	0	0	0	0	0	0	0	0%
Neurology	0	0	0	0	0	0	1	0	100.0% 0%
Oncology	0	0	0	0	0	0	0	0	100.0%
Pulmonary	0	0 0	0	0	0	6 1	0	2	100.0%
Rheumatology	0		0	0	0		0	0	
Unknown Medical Patient Day Total	0	0	0	0 0	0	1 8	1 6	1 5	100.0% 100.0%
Adult Surgical Patient Days	U	U	U	U	U	0	0	5	100.0%
Dentistry	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
0,	0	0	0	0	0	0	0	0	0%
General Surgery		0	0	0	0	0	0	0	0%
Gynecology	0	0	0	0	0	0	0	0	0%
Neurosurgery		0	0	0	0	0	0	0	0%
Ophthalmology	0 0	0	0	0	0	2	7	3	100.0%
Orthopedics	0	0	0	0	0	0	0	0	0%
Otolaryngology	0	0	0	0	0	0	0	0	0%
Thoracic Surgery	0	0	0	0	0	0	0	0	0%
Urology Vascular Surgery	0	0	0	0	0	0	0	0	0%
Surgical Patient Day Total	0	0	0	0	0	2	7	3	100.0%
Psychiatry Patient Days	0	0	0	0	0	0	0	0	0%
	0	0	0	0	0	0	0	0	0%
Medical Detox Patient Days Sub Acute/Transitional Care	0	0	0	0	U	U	U	0	0%
Inpatient Care Totals	0	0	0	0	0	26	13	13	100.0%
inpatient date rotals		U	U	0		20	10	10	100.070
Direct & Tribal + Contract Care	0	26	13	13					
Substance Abuse Non- Acute	e Care								
Adult Residential Treatment	0	0	0	0				0	0%
Adol. Residential Treatment	0	0	0	0				0	0%
SA Transitional Care	0	0	0	0				0	0%
Substance Abuse Totals	0	0	0	0	0	0	0	0	0%
Elder Care									
Skilled Nursing Patients	0	0	0	0				0	0%
Assisted Living Patients	1	1	1	1				0	0.0%
Hospice Patients	0	0	0	0				0	0%
Nursing Home Totals	1	1	1	1	0	0	0	0	0
rearoning frome rotals		1	· ·	'	U	J	U	U	3



Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	0	irect or Trib	al Health Ca	ire		Со	ntract Healtl	n Care	
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Ancillary Services		•							
Lab Billable Tests	0	0	0	0				0	0%
Pharmacy Scripts	0	0	0	0				0	0%
Acute Dialysis Procedures	0	0	0	0				0	0%
Radiographic Exams	0	0	0	0	3	8	59	23	100.0%
Ultrasound Exams	0	0	0	0	Ū	· ·		0	0%
Mammography Exams	0	0	0	0				0	0%
Fluoroscopy Exams	0	0	0	Ö				0	0%
CT Exams	0	0	0	0				0	0%
MRI Exams	0	0	0	0				0	0%
Nuclear Medicine Exams	0	0	0	0				0	0%
Rad. Oncology Treatments	0	0	0	0				0	0%
Chemotherapy Treatments	0	0	0	0				0	0%
Physical Therapy Visits	0	0	0	0				0	0%
Occupational Therapy Visits	0	0	0	0				0	0%
Speech Therapy Visits	0	0	0	0				0	0%
Respiratory Therapy	0	0	0	0				0	0%
Cardiac Catheterization	0	0	0	0				0	0%
Home Health Care Patients	0	0	2	1				0	0.0%
Minor Procedure Cases									
Endoscopy	0	0	0	0	0	0	0	0	0%
Outpatient Surgery Cases									
Cardiovascular	0	0	0	0	0	0	0	0	0%
Digestive	0	0	0	0	0	0	0	0	0%
Endocrine	0	0	0	0	0	0	0	0	0%
ENT	0	0	0	0	0	0	0	0	0%
Gynecology	0	0	0	0	0	0	0	0	0%
Hemic and Lymphatic	0	0	0	0	0	0	0	0	0%
Integument	0	0	0	0	0	0	0	0	0%
Musculoskeletal	0	0	0	0	0	0	0	0	0%
Nervous	0	0	0	0	0	0	0	0	0%
Ocular	0	0	0	0	0	0	0	0	0%
Respiratory	0	0	0	0	0	0	0	0	0%
Urogenital	0	0	0	0	0	0	0	0	0%
OP Surgical Case Total	0	0	0	0	0	0	0	0	0%
Inpatient Surgery Cases	0	0	0	0	0	1	1	1	100.0%
Surgical Case Total	0	0	0	0	0	1	1	1	100%
Direct & Tribal + Contract Care	0	1	1	1					
EMS Dro Hospital Book	0	0	0	0				0	00/
EMS - Pre-Hospital Resp.	0	0	0	0				0	0%
EMS - Inter Hospital Resp	0	0	0	0				0	0%



Market Assessment - Native American

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

<u>Year</u>		2003			2015		2015 P	anning Ass	umption
HSP User Pop PSA		916			1,167				
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
	Pro	vider Visits On	ily	Pro	vider Visits On	nly	Р	rovider Visits O	nly
Primary care									
Family Practice	1,827	1,013		2,328	1,289		2,862	2,862	0
Internal Medicine	0	367		0	466	Cell = Sub-Total less PC	466	466	0
Pediatric	5	500		7	640	Specialties	640	640	0
Ob/Gyn	0	391		0	499		499	499	0
Urgent Care Clinic	0			0			0	0	0
Primary Care Sub-Tot.	1,833	2,272	3,511	2,335	2,894	4,467	4,467	4,467	0
Emergency Care									
Emergency/Urgent	0	207		0	263	Cell = Sub-Total	263	263	0
ER/Non-urgent		138			176	less E/U	▶ 237	237	0
Emerg. Care Sub-Tot.	0	345	396	0	439	500	500	500	0
Specialty Care	^	172		0	240		040	240	0
Orthopedics Ophthalmology	0 0	172 112		0 0	219 142		219 142	219 142	0 0
Dermatology	0	134		0	171		171	171	0
General Surgery	0	130		0	166		166	166	0
Otolaryngology	0	80		0	100		100	100	0
Cardiology	0	33		0	42		42	42	0
Urology	0	42		0	53		53	53	0
Neurology	1	36		2	46		46	46	0
Other Specialties		283		0	359		255	255	0
Nephrology	0	Unknown		0	Unknown		0	0	0
Allergy	Ö	28		0	36		36	36	0
Pulmonology	0	12		0	15		15	15	0
Gerontology	0	Unknown		0	Unknown		0	0	0
Gastroenterology	0	24		0	30		30	30	0
Rheumatology	0	Unknown		0	Unknown		0	0	0
Oncology	0	17		0	22		22	22	0
Pediatric-Genetics	0	Unknown		0	Unknown		0	0	0
Traditional Healing	0	Unknown		0	Unknown		0	0	0
Specialty Care Sub-Tot.	1	1,104	151	2	1,402	192	1,298	1,298	0
Total Provider Visits By									
PSA Residents	1,834	3,720	4,057	2,337	4,735	5,160	6,266	6,266	0
Provider Visits	Unmet need if (-)	-2 223	Over Utilization	on if (+)					
	11000 11 (-)								
Total Provider Patient Utilization Rate	2.00	4.06	4.43	The rate is the User Po		y dividing the	Total Provide	er Visits from th	e PSA by
Other Ambulatory Care									
Services									
Dental Service Minutes	82,496	81,836	87,020	105,101	104,235	110,865	110,865	110,865	0
Optometry Visits	6	Unknown	293	8	Unknown	371	371	371	0
Podiatry Visits	22	159		28	200		200	200	0
Dialysis Patients	1	Unknown		1	Unknown		1	1	0
Audiology Visits	3	139	89	3	177	117	177	177	0
Outpatient Behavioral Health	Services								
Mental Health Visits	538	Unknown	161	685	Unknown	209	685	685	0
Psychiatry	9	96	101	12	122	_00	122	122	0
Social Services Visits	0	Unknown		0	Unknown		0	0	0
Alcohol & Substance Abuse	52	Unknown		66	Unknown		66	66	0
BH Visits Totals	599	96	161	763	122	209	874	874	0



Market Assessment - Native American

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

sources.		2003			2015		2015 P	lanning Ass	umption
HSP User Pop PSA		916			1,167		20131	iailillig Ass	шприоп
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
Inpatient Care	Pro	vider Visits O	nly	Pro	ovider Visits On	nly	P	Provider Visits O	nly
Labor & Delivery Births	1	18	11	1	23	14	23	19	4
Obstetrics Patient Days	2	40	24	2	50	30	50	41	9
Neonatology Patient Days	4	50		5	64		64	39	25
Pediatric Patient Days	0	25	N/A	0	32	N/A	32	20	12
Adult Medical Patient Days									
Cardiology	1	23		1	29		29	27	9
Endocrinology	0	4		0	5		5	7	0
Gastroenterology	1	15		1	19		19	23	0
General Medicine	0	18		0	23		23	25	3
Hematology	0	3		0	3		3	2	2
Nephrology	0	4		0	5		5	6	1
Neurology	0	10		0	12		12	13	2
Oncology	0	6		0	8		8	3	6
Pulmonary	2	23		3	29		29	30	6
Rheumatology	0	1		0	1		1	1	0
Unknown	1	2		1	2		2	2	0
Medical Patient Day Total	5	109	132	6	137	168	168	139	29
Adult Surgical Patient Days									
Dentistry	0	0		0	0		0	0	0
Dermatology	0	1		0	1		1	1	0
General Surgery	0	33		0	41		41	28	14
Gynecology	0	8		0	10		10	9	2 7
Neurosurgery	0	8		0	10		10	3	0
Ophthalmology	0	0 20		4	0 25		0 25	21	4
Orthopedics Otolaryngology	3 0	20 7		0	25 9		9	1	7
	0	12		0	15		15	1	, 14
Thoracic Surgery Urology	0	4		0	6		6	3	3
Vascular Surgery	0	8		0	9		9	4	6
Surgical Patient Day Total	3	100	88	4	127	111	127	70	56
Psychiatry Patient Days	0	20	15	0	25	20	25	6	18
			10			20			
Medical Detox Patient Days	0	3		0	4		4	3	1
Sub Acute/Transitional Care	0	60		0	75		75	75	0
Inpatient Care Totals	13	406	259	17	515	329	545	394	151
Inpatient Patient Days	Unmet need if (-)	_303	Over Utilizati	on if (+)					
Substance Abuse Non-Acute	Care								
Adult Residential Treatment	0	160		0	203		203	203	0
Adol. Residential Treatment	0	41		0	52		52	52	0
SA Transitional Care	0	6		0	8		8	8	0
Substance Abuse Total	0	207	0	0	263	0	263	263	0
Elder Care									
Skilled Nursing Patients	0	1		0	2		2	2	0
Assisted Living Patients	1	1		1	2		2	2	0
Hospice Patients	0	0		0	0		0	0	0
Nursing Home Total	1	3	0	1	4	0	4	4	0



Market Assessment - Native American

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

Year		2003			2015		2015 PI	anning Ass	umption
HSP User Pop PSA		916			1,167				•
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
	Pro	vider Visits On	ly	Pr	ovider Visits On	ly	Pr	ovider Visits O	nly
Ancillary Services									
Laboratory Services									
Clinical Lab Billable Tests		3,709	0		4,712	0	4,712	4,429	283
Microbiology Billable Tests		533	0		678	0	678	407	271
Blood Bank Billable Tests		92	0		116	0	116	114	2
Anatomical Pathology		8	0		10	0	10	6	3
Lab Billable Tests	0	4,342	0	0	5,516	0	5,516	4,957	560
Pharmacy Scripts	0	9,300		0	11,838		11,838	11,838	0
Acute Dialysis Procedures	0	3		0	3		3	3	0
Radiographic Exams	23	304	362	30	386	460	460	460	0
Ultrasound Exams	0	61	51	0	78	64	78	78	0
Mammography Exams	0	116	102	0	146	127	146	146	0
Fluoroscopy Exams	0	15	26	0	19	32	32	32	0
CT Exams	0	23	9	0	29	11	29	29	0
MRI Exams	0	16		0	20		20	20	0
Nuclear Medicine Exams	0	40		0	51		51	51	0
Rad. Oncology Treatments	0	Unknown		0	Unknown		0	0	0
Chemotherapy Treatments	0	Unknown		0	Unknown		0	0	0
Rehabilitation Services	_								
Physical Therapy Visits	0	Unknown		0	Unknown		0	358	0
Occupational Therapy Visits	0	Unknown		0	Unknown		0	102	0
Speech Therapy Visits	0	Unknown		0	Unknown		0	51	0
Rehab Total Visits	0	-	402	0	-	511	511	511	0
Respiratory Therapy	0	Unknown	0	0	Unknown	0	0	0	0
Workload Minutes	0				_		_	_	•
Cardiac Catheterization	0	3		0	7		7	7	0
Home Health Care Patients	1	5		1	7		7	7	0
Minor Procedure Cases	0	4.4		0	40		40	40	0
Endoscopy	0	14		0	18		18	18	0
Outpatient Surgery Cases Cardiovascular	0	1		0	1		1	1	0
Digestive	0	15		0	1 19		19	1 19	0 0
Endocrine	0	0			0		0		0
ENT	0	7		0	9		9	0 9	0
Gynecology	0	, 5		0	9 7		7	9 7	0
Hemic and Lymphatic	0	0		0	0		0	0	0
Integument	0	6		0	7		7	7	0
Musculoskeletal	0	9		0	, 12		, 12	12	0
Nervous	0	2		0	3		3	3	0
Ocular	0	5		0	6		6	6	0
Respiratory	0	1		0	1		1	1	0
Urogenital	0	4		0	5		5	5	0
OP Surgical Case Total	0	56	24	0	71	35	71	71	0
Inpatient Surgery Cases	1	22	23	1	28	31	31	19	12
Surgical Case Total	1	78	47	1	99	65	101	89	12
EMS Responses	0	120		0	153		153	153	0



Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need			Delivery Options				
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA			ls due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks

Primary Care (Provider Visits)

0.0%

Primary Care Clinic examines, diagnoses, and treats ambulatory patients giving continuity and coordination to their total healthcare including referral to other health professionals and admissions to inpatient services while retaining primary responsibility for care of these patients, as appropriate. Primary Care Clinic assesses, provides, and evaluates the care of patients with healthcare problems including history and physical, assessment and treatment of common minor illnesses, maintenance care of patients with chronic diseases, and health counseling and teaching.

Family Practice	2,862	2,862	Providers	0.6	4,467	
Internal Medicine	466	466	Providers	0.1		rolled up in FP
Pediatric	640	640	Providers	0.1		rolled up in FP
Ob/Gyn	499	499	Providers	0.2		rolled up in FP
Urgent Care Clinic	0	0	Providers	0.0		rolled up in FP
Primary Care Total	4,467	4,467	Providers	1.1	4,467	

Emergency Care

The Emergency Medical Clinic provides emergency care, diagnostic services, treatment, surgical procedures, and proper medical disposition of an emergency nature to patients who present themselves to the service. It refers patients to specialty clinics and admits patients as needed; provides clinical consultation services and professional training of assigned personnel; supports mass casualty and fire drills; and prepares reports.

Emergency/Urgent	263	263	Patient Spaces	0.1	263
ER/Non-urgent	237	237	Providers	0.0	237
Emergency Care Total	500	500	Patient Spaces	0.3	500

Specialty Care

Crossover %

0.0%

Specialty Care examines, diagnoses, and treats diseases and injuries requiring specialized capabilities diagnosis and procedures beyond the Primary Care team. The service is typically provided by visiting providers who have established clinic hours for consistent referral patterns.

Orthopedics	219	219	Providers 0.1	219	
Ophthalmology	142	142	Providers 0.0	142	Telemedicine
Dermatology	171	171	Providers 0.0	171	Telemedicine
General Surgery	166	166	Providers 0.1	166	
Otolaryngology	101	101	Providers 0.0	101	
Cardiology	42	42	Providers 0.0	42	
Urology	53	53	Providers 0.0	53	
Neurology	46	46	Providers 0.0	46	
Subspecialties	255	255	Providers 0.1	255	
Nephrology	0	0	Providers 0.0	0	
Allergy	36	36	Providers 0.0	36	
Pulmonology	15	15	Providers 0.0	15	
Gerontology	Unknown	0	Providers Unknown	X	
Gastroenterology	30	30	Providers 0.0	30	
Rheumatology	Unknown	0	Providers Unknown	X	
Oncology	22	22	Providers 0.0	22	
Pediatric-	Unknown	0	Providers Unknown	X	
Traditional Healing	0	0	Providers 0.0	1.0	
Specialty Care Sub-Total	1,298	1,298		1 1,298	



Delivery Plan - Native American (IHS)

			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA		Referral Thres		
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Other Ambulatory Care										
Crossover % - Dental	31.0%		Crossover % - Optometry	0.0%						
Dental Service	145,233	145,233	Dentists	0.9	145,233					
			Visiting Specialist							
Dental Clinic provides			and maintaining the hig		oral health p		-	the prevention	on of disease).
Optometry Visits	371	371	Optometrist	0.2		371	371			
			ks, and adnexa includi			rocedures, preso	cribes lense	s to correct re	fractive erro	r and improv
· · · · · · · · · · · · · · · · · · ·			gnosis and treatment of		aisease.	000	200			
Podiatry Visits	200	200	Podiatrists nts with disorders, dise	0.1	viurion to the	200	200	ovidos follow	un cara for	alastad nas
	•	•	orehensive plan of care		•	•			•	•
	•		prevention of disease;	•	_	_	_			_
•			submission of reports	•			,		,	
Dialysis Patients	1	1	Dialysis Stations	0.4			1			
Dialysis provides the	ourification of	the nationt's	s blood through use of	an artificial k	idnov machi	no or similar do	ico Specia	lly trained no	reannal anar	ata maintair
, ,		•	ther specialized suppo		•		•	,	•	
Audiology Visits	177	177	Audiologists	0.1		177	177			
referral and disposition	ar mold fitting	•	/aiuations; neonatai ne r evaluations, dispensir	0 0	•	ne early hearing levices (fitting, e		, ,	, ,	
Behavioral Health Behavioral Health pro services, patient care, outpatient) referred to suspected child abuse therapy, information a	ar mold fitting n. ovides psychia information, the Social W or attempted nd referral, ai	atric, psycho referral, and fork Clinic, w d suicide). In nd discharge	evaluations, dispensir ological, psychosocial, s of follow-up services to thich includes self-refer the provides a compreher of planning; provides cli	ng of hearing substance al facilitate med red patients nsive plan of	buse, and so dical diagnos and those si service to pa nsultative se	cioeconomic evis, care, treatme een automatical atients and their	ducation, al aluation and nt; and proj ly on the ba families inc s and familii	nd motivation, d consultation per disposition sis of diagnos luding counse es, social serv	; determinat ; individual a n of patients sis (for exam eling and gui vice delivery	ion of prope ind group (inpatient ar ple, dance,
Behavioral Health Behavioral Health pro services, patient care, outpatient) referred to suspected child abuse therapy, information a	ar mold fitting n. ovides psychia information, the Social W or attempted nd referral, ai	atric, psycho referral, and fork Clinic, w d suicide). In nd discharge	evaluations, dispensir plogical, psychosocial, I follow-up services to f thich includes self-refer t provides a compreher	ng of hearing substance al facilitate med red patients nsive plan of	buse, and so dical diagnos and those si service to pa nsultative se	cioeconomic evis, care, treatme een automatical atients and their	ducation, al aluation and nt; and proj ly on the ba families inc s and familii	nd motivation, d consultation per disposition sis of diagnos luding counse es, social serv	; determinat ; individual a n of patients sis (for exam eling and gui vice delivery	ion of prope ind group (inpatient ar ple, dance,
Behavioral Health Behavioral Health pro services, patient care, outpatient) referred to suspected child abuse therapy, information a	ar mold fitting n. ovides psychic information, the Social W e or attempted nd referral, au f assigned ar	atric, psycho referral, and ork Clinic, w d suicide). In and discharge and contracture 685	ological, psychosocial, sological, psychosocial,	substance al facilitate med red patients nsive plan of nical and con i; prepares a	buse, and so dical diagnos and those si service to pa nsultative se	cioeconomic evis, care, treatme een automatical attents and their rvices to patient. eports; maintain	aluation, and aluation and ont; and prop ly on the ba families ind s and famili s medical a	nd motivation, d consultation per disposition sis of diagnos luding counse es, social serv nd social serv	; determinat ; individual a n of patients sis (for exam eling and gui vice delivery	ion of prope ind group (inpatient ar ple, dance, evaluation;
Behavioral Health Behavioral Health pro services, patient care, outpatient) referred to suspected child abuse therapy, information a professional training of Mental Health Psychiatry	ar mold fitting n. ovides psychic information, the Social W e or attempted nd referral, au f assigned ar 685 122	atric, psycho referral, and fork Clinic, w d suicide). In d discharge and contractus 685 122	ological, psychosocial, sological, psychosocial,	substance al facilitate med red patients nsive plan of nical and con i; prepares a	buse, and so dical diagnos and those so service to po- nsultative send submits r	cioeconomic evis, care, treatme een automatical atients and their	ducation, al aluation and nt; and proj ly on the ba families inc s and familii	nd motivation, d consultation per disposition sis of diagnos luding counse ss, social serund social serund SAC	; individual a n of patients is (for exam eling and gui vice delivery vice records.	ion of prope ind group (inpatient ar ple, dance, evaluation; 8 currently
Behavioral Health Behavioral Health proservices, patient care, outpatient) referred to suspected child abuse therapy, information a professional training of Mental Health Psychiatry Social Service	ar mold fitting n. ovides psychic information, the Social W e or attempted nd referral, au f assigned ar	atric, psycho referral, and ork Clinic, w d suicide). In and discharge and contracture 685	ological, psychosocial, sological, psychosocial,	substance al facilitate med red patients nsive plan of nical and con i; prepares a	buse, and so dical diagnos and those si service to pi nsultative sei nd submits r	cioeconomic evis, care, treatme een automatical attents and their rvices to patient. eports; maintain	aluation, and aluation and ont; and prop ly on the ba families ind s and famili s medical a	nd motivation, d consultation per disposition sis of diagnos luding counse ss, social serund social serund SAC	; individual a n of patients is (for exam aling and gui vice delivery vice records.	ion of proper ind group (inpatient al ple, dance, evaluation; 8 currently
Rehavioral Health Behavioral Health proservices, patient care, outpatient) referred to suspected child abuse therapy, information a professional training of Mental Health Psychiatry	ar mold fitting n. ovides psychic information, the Social W e or attempted nd referral, au f assigned ar 685 122	atric, psycho referral, and fork Clinic, w d suicide). In d discharge and contractus 685 122	ological, psychosocial, sological, psychosocial,	substance al facilitate med red patients nsive plan of nical and con i; prepares a	buse, and so dical diagnos and those so service to po- nsultative send submits r	cioeconomic evis, care, treatme een automatical attents and their rvices to patient. eports; maintain	aluation, and aluation and ont; and prop ly on the ba families ind s and famili s medical a	nd motivation, d consultation per disposition sis of diagnos luding counse ss, social serund social serund SAC	; individual a n of patients is (for exam eling and gui vice delivery vice records.	and group (inpatient all ple, dance, evaluation; 8 currently
Behavioral Health Behavioral Health proservices, patient care, outpatient) referred to suspected child abuse therapy, information a professional training of Mental Health Psychiatry Social Service Alcohol & Substance Abuse Behavioral Health	ovides psychia information, the Social We or attempted and referral, and fassigned ar 685	atric, psycho referral, and fork Clinic, w d suicide). In nd discharge nd contractud 685 122 0	ological, psychosocial, a follow-up services to thich includes self-refer the planning; provides clinally affiliated personnel Counselors Providers Counselors Counselors	substance all facilitate mediacilitate	buse, and so dical diagnos and those si service to pensultative seind submits r	cioeconomic evis, care, treatme een automatical attents and their rvices to patient. eports; maintain	aluation, and aluation and ont; and prop ly on the ba families ind s and famili s medical a	nd motivation, d consultation per disposition sis of diagnos luding counse ss, social serund social serund SAC	; individual a n of patients is (for exam eling and gui vice delivery vice records.	and group (inpatient all ple, dance, evaluation; 8 currently
Rehavioral Health Behavioral Health proservices, patient care, outpatient) referred to suspected child abuse therapy, information a professional training of Mental Health Psychiatry Social Service Alcohol & Substance Abuse	ar mold fitting n. vides psychia information, the Social W or attempted fassigned ar 685 122 0 66	atric, psycho referral, and fork Clinic, w d suicide). In nd discharge nd contractud 685 122 0	ological, psychosocial, sological, psychosocial, psychosocial, psychosocial, psychosocial, psychosocial, psychosocial, psychosocial, psychosocial, psychosocial, sological,	substance al facilitate med fred patients nsive plan of nical and coi ; prepares a 1.1 0.1 0.5 0.0	buse, and so dical diagnos and those si service to pensultative send submits r	cioeconomic evis, care, treatme een automatical attents and their rvices to patient. eports; maintain	aluation, and aluation and ant; and project on the base families incomes and familias medical and 122	nd motivation, d consultation per disposition sis of diagnos luding counse ss, social serund social serund SAC	; individual a n of patients is (for exam eling and gui vice delivery vice records.	ion of prope ind group (inpatient ar ple, dance, evaluation; 8 currently
Behavioral Health Behavioral Health pro services, patient care, outpatient) referred to suspected child abuse therapy, information a professional training of Mental Health Psychiatry Social Service Alcohol & Substance Abuse Behavioral Health Totals	ar mold fitting n. vides psychia information, the Social W or attempted fassigned ar 685 122 0 66	atric, psycho referral, and fork Clinic, w d suicide). In nd discharge nd contractud 685 122 0	ological, psychosocial, sological, psychosocial, psychosocial, psychosocial, psychosocial, psychosocial, psychosocial, psychosocial, psychosocial, psychosocial, sological,	substance al facilitate med fred patients nsive plan of nical and coi ; prepares a 1.1 0.1 0.5 0.0	buse, and so dical diagnos and those si service to pensultative send submits r	cioeconomic evis, care, treatme een automatical attents and their rvices to patient. eports; maintain	aluation, and aluation and ant; and project on the base families incomes and familias medical and 122	nd motivation, d consultation per disposition sis of diagnos luding counse ss, social serund social serund SAC	; individual a n of patients is (for exam eling and gui vice delivery vice records.	and group (inpatient all ple, dance, evaluation; 8 currently
Behavioral Health Behavioral Health proservices, patient care, outpatient) referred to suspected child abuse therapy, information a professional training of Mental Health Psychiatry Social Service Alcohol & Substance Abuse Behavioral Health Totals Inpatient Care Labor & Delivery Obstetrics Patient	ar mold fitting n. ovides psychia information, the Social W e or attempted nd referral, a of assigned ar 685 122 0 66 874	atric, psychoreferral, and ork Clinic, will suicide). In discharge of contractus 685 122 0 66 874	ological, psychosocial, a follow-up services to function includes self-refer to provides a compreher e planning; provides clially affiliated personnel Counselors Providers Counselors Counselors Counselors Counselors Counselors Counselors Counselors	substance all facilitate mediacilitate	buse, and so dical diagnos and those so essuitative send submits resultative 4.8	cioeconomic evis, care, treatme een automatical attents and their rvices to patient. eports; maintain	aluation, and aluation and ant; and property on the bar families inces and families in medical and	nd motivation, d consultation per disposition sis of diagnos luding counse ss, social serund social serund SAC	; individual a n of patients is (for exam eling and gui vice delivery vice records.	and group (inpatient arple, dance, evaluation; 8 currently
referral and disposition Behavioral Health Behavioral Health proservices, patient care, outpatient) referred to suspected child abuse therapy, information a professional training of Mental Health Psychiatry Social Service Alcohol & Substance Abuse Behavioral Health Totals Inpatient Care Labor & Delivery Obstetrics Patient Days Obstetrics provides formatemity patients; and delivery care by special	ar mold fitting n. ovides psychia information, the Social W e or attempted and assigned ar 685 122 0 66 874 19 41 r specialized d has respons ally trained per i, if it is perfor	atric, psychoreferral, and ork Clinic, with suicide). In addischarge and contractudes 685 122 0 66 874 19 41 care, treatmesibility for the ersonnel to emed in the s	ological, psychosocial, sological, psychosocial, ps	substance all acilitate mediacilitate mediacilitate mediacilitate mediacilitate mediacilitate and confical an	buse, and so dical diagnos and those si service to pensultative send submits resultative send su	cioeconomic evis, care, treatme een automatical atients and their rvices to patient eports; maintain 0.1 tients; provides a elivery suite. The abor, assistance	aluation and ent; and proply on the base and families inces and families is medical at 122 122 19 41 antepartum, ne labor and during deli	d consultation, oer disposition sis of diagnos luding counse es, social serv nd social serv SAC SAC	; individual and of patients is (for exameling and guilvice records. C - LHC (0.	and group (inpatient and group) (inpatient and group) (inpatient and group) (dance, evaluation; 8 currently Overrid Care to bor and minor



Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need		Delivery Options					
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA		Referral Thre	s due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Pediatric Patient Davs	20	20	# of Beds	0.4	0		20			

Pediatric Care provides specialized inpatient care, treatment, and consultative evaluation of infants, children, and adolescents; maintains close liaison with the other professional services; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of eligible patients; prepares medical records; and submits required reports.

Adult Medical Acute Care

Medical Care provides inpatient care and consultative evaluation in the medical specialties and subspecialties described in this section; coordinates healthcare delivery relative to the examination, diagnosis, treatment and proper disposition of eligible patients, appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the medical care function will vary according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

Cardiology	27	27	# of Beds 0.2	0	27	
Endocrinology	7	7	# of Beds 0.1	0	7	
Gastroenterology	23	23	# of Beds 0.2	0	23	
General Medicine	25	25	# of Beds 0.2	0	25	
Hematology	2	2	# of Beds 0.0	0	2	
Nephrology	6	6	# of Beds 0.1	0	6	
Neurology	13	13	# of Beds 0.1	0	13	
Oncology	3	3	# of Beds 0.0	0	3	
Pulmonary	30	30	# of Beds 0.3	0	30	
Rheumatology	1	1	# of Beds 0.0	0	1	
Unknown	2	2	# of Beds 0.0	0	2	
Medical Patient	139	139	1.3	0	139	
Day Total	139	139	1.5	U	139	

Adult Surgical Acute Care

Surgical Care provides inpatient care and consultative evaluation in the surgical specialties and subspecialties described in this subsection; coordinates healthcare delivery relative to the examination, treatment, diagnosis, and proper disposition of eligible patients, appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the surgical care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

Dentistry	0	0	# of Beds 0.0	0	0	
Dermatology	1	1	# of Beds 0.0	0	1	
General Surgery	28	28	# of Beds 0.3	0	28	
Gynecology	9	9	# of Beds 0.1	0	9	
Neurosurgery	3	3	# of Beds 0.0	0	3	
Ophthalmology	0	0	# of Beds 0.0	0	0	
Orthopedics	21	21	# of Beds 0.3	0	21	
Otolaryngology	1	1	# of Beds 0.0	0	1	
Thoracic Surgery	1	1	# of Beds 0.0	0	1	
Urology	3	3	# of Beds 0.0	0	3	
Vascular Surgery	4	4	# of Beds 0.0	0	4	
Surgical Patient	70	70	# of Beds 0.9	0	70	
Day Total	70	70	# Of Beds 0.9	U	70	
Intensive Care	41	41	# of beds 0.2	0	41	

Intensive Care Units (ICUs) provide treatment for patients who require intensified, comprehensive observation and care because of shock, trauma, or other lifethreatening conditions. They are staffed with specially trained personnel and contain monitoring equipment and other specialized support equipment for treating.

	-	-				-
Psychiatry	6	6	# of Beds	0.0	0	6

Psychiatric Care provides specialized care and consultative evaluation for eligible inpatients; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of patients with psychotic, neurotic, or other mental disorders; maintains protective custody of patients with psychiatric disorders when required to prevent injury to themselves or to others; establishes therapeutic regimens; conducts individual or group therapy sessions; provides short-term treatment to patients psychologically or physically dependent upon alcohol or drugs; maintains custody of sensitive or medically privileged records and correspondence that evolve during treatment of patients; prepares medical records; and submits required reports.



Establishes Projected workload and key characteristics per product line, while recommending a delivery option

			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA			s due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Medical Detox	3	3	# of Beds	0.0	0		3			
Substance Abuse Care diagnosis, treatment, a when required to preve sensitive or medically p	nnd proper di ent injury to ti	sposition of phemselves of	patients psychologicall or to others; establishes	y or physica s therapeutic	lly depender regimens; d	nt upon alcohol c conducts individu	or drugs; ma Jal or group	intains proted therapy sess	ctive custody ions; mainta	of patients ins custody
Sub Acute / Transitional Care	75	75	# of Beds	0.3	0		75			
Transitional Care provi acute care, provides sp			•	•	•	eyond their disc	harge from	acute care. S	Staffing, while	le less than
Inpatient Care Totals	435	435	# of Beds	4	0		435			
Substance Abuse Non-Acute Care	Aguto Coro	the treatm	ant of substance obvious	digardara	20 202 202	Locaurity openii	o cotting			
Substance Abuse Non	-Acute Care	- tne treatme	ent of substance abuse	alsoraers II	n an age and	i security specifi	c seπing.			
Adult Residential Treatment	203	203	# of Beds	0.7			203		203	
Adolescent Residential Treatment	52	52	# of Beds	0.2			52		52	
Substance Abuse Transitional Care	8	8	# of Beds	1.4	8					
Substance Abuse Non-Acute Care Totals	263	263		2.3	8		254		254	
Elder Care										
Elderly Care Program	provides phy	sical, psych	ological, social, and sp	iritual care f	or healthy an	nd dying seniors	in an enviro	nment outsid	e of a hospi	tal.
Nursing Home	2	2	# of Beds	2.0			2		2	
Assisted Living	2	2	# of Beds	2.0			2		2	
Hospice	0	0	# of Beds	0.0			0		0	
Elder Care Totals	4	4		4.0			4		4	
Ancillary Services										
Crossover % - Pharmacy	0.0%									
Laboratory	rotoo tha all-	iool lobors !-	urion and appropriate -tu-	lion in tanti	otiona anal	roop and arra	nations in-l	udina dinas-	otio ond road	ino tooto c:-
Clinical Pathology oper systems. Additional ac samples for testing. Th	ctivities may	include, but	are not limited to, trans	portation of	specimens t	from the nursing	floors and s	surgical suites		
Clinical Lab	4,429	4,429	Techs @ Peak	0.5	Jarology, III	ariology and C	4,429			
Microbiology	407	407	Techs @ Peak	0.0			407			
Blood Bank	114	114	Techs @ Peak	0.0			114			
Anatomical	6	6	Techs @ Peak	0.0	-		6			

Acute Dialysis Services provides purification of the patient's blood, removing excess water and toxins, at the bedside while the patient is hospitalized. Specialty trained personnel, supervised by a nephrologist, rotate through the hospital caring for and providing this service to admitted patients requiring dialysis.

0.0

0.5

0.7

0.0

Anatomical Pathology conducts the histopathology and cytopathology laboratories; directs studies, examinations, and evaluations including diagnostic and

6

4,957

11,838

Lab Totals

Pharmacy

Acute Dialysis

4,957

11,838

6

4,957

11,838

Techs @ Peak

routine procedures; provides referrals and consultations; performs post-mortem examinations; and operates the morgue.

Techs @ Peak

Pharmacists

Rooms



Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need				Doliver	, Ontions		
			Projected Need				Delivery	/ Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA		Referral Thres		
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Diagnostic Imaging)									
			logic services to inpatie and fluorographs; dire						_	_
Radiographic	460	460	Rooms	0.1			460			
Ultrasound		78	Rooms	0.0			78			
Mammography	146	146	Rooms	0.0			146			
Fluoroscopy	32	32	Rooms	0.0			32			
CT	29	29	Rooms	0.0			29			
MR	20	20	Rooms	0.0			20			
Diagnostic Imaging Totals		765	Radiologist	0.1			765			
Nuclear Medicine	51	51	Rooms	0.0			51			
			medicine studies, interp		udies, and pe	erforms therape		medicine trea	tment throu	ah the use of
injectable or ingestible performing clinical inv	e radioactive is restigative stud vith patients ar	sotopes in d dies, provid nd attending	conformance with licens ing whole blood countir physicians, and maint	sure regulati ng, evaluatin aining radio	ons. Functio g patients su	ns and activities spected of bein	s of the wor g contamin	k center includ ated with gami	le, but are n ma-emitting	ot limited to,
Rad. Oncology	0	0	Rooms	0.0			0			
Chemotherapy	0	0	Patient Spaces	0.0			0			
Rehabilitation Serv										
and outpatients whos consultation, counseli Occupational Therapy	e ability to funding, teaching, and Speech	ction is imp administrati	and uses special know aired or threatened by ion, research, and comi	disease or in	njury and inco	orporates activit	ies such as	: direct patien	t care, evalu	uation, testing,
Physical Therapy		358	Therapy FTE	0.2			358			
Occupationa		102	Therapy FTE	0.1			102			
Speech Therapy		51	Therapy FTE	0.0			51			
Rehab Tota	511	511	Therapy FTE	0.3			511			
Respiratory Therapy	0	0	Therapy FTE	0.0			0			
other forms of rehabil	itative therapy	including in	oxygen, humidification, nitiating, monitoring, an the patient's ability to e	d evaluating	patient perfo	ormance and re	actions to th	nerapy and per	rforming blo	od gas
Catheterization	7	7	Rooms	0.0			7			
heart and circulatory stechniques; retrieving	system. Other and analyzing	activities ii test result	including the operation nclude explaining test p s; and inspecting, testir	rocedures to ng, calibratin	patients; pe	erforming invasi	ve procedui		eters and ot	
Home Health Care		7	# FTE	0.5			7		7	
			nd families in their place isability and illness, inc			e, maintain, or l	restore hea	lth or to maxim	nize the leve	l of
Surgery										
The Surgery product of Minor Procedure Roo		nesthesiolo	ogy, Pre & Post Recove	ery, and the	provision of i	nvasive procedi	ıres requirii	ng the sterility	of an Opera	ting Room or
Minor Procedure										
Endoscopy		18	Endo Suites	0.0			18			
Outpatient Surgery										
Cardiovascular		1	Outpatient ORs	0.0			1			
Digestive		19	Outpatient ORs	0.0	-		19			
Endocrine		0	Outpatient ORs	0.0	-		0			
ENT		9	Outpatient ORs	0.0			9			
Gynecology		7	Outpatient ORs	0.0			7			
Hemic / Lymphatic		0	Outpatient ORs	0.0			0			
Integument	t 7	7	Outpatient ORs	0.0			7			

12

Musculoskeletal

12

Outpatient ORs

The California Area Health Services Master Plan Northern Valley Indian Health - Chico



Delivery Plan - Native American (IHS)

			Projected Need				Delivery	/ Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA			ls due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remark
Nervous	3	3	Outpatient ORs	0.0	-		3			
Ocular	6	6	Outpatient ORs	0.0			6			
Respiratory		1	Outpatient ORs	0.0			1			
Urogenita		5	Outpatient ORs	0.0			5			
OP Surgical Case		71	Outpatient ORs	0.0			71			
patient Surgery	19	19	Inpatient ORs	0.0	0	0	19	0	0	
Surgical Case	89	89		0.0			107			
dministrative Support										
dministration			# of FTE	5.7	5.7					
		-	pervises all professiona			-			_	
			pabilities related to avai	lable medica	al services of	ficers, support s	taff, and fac	cilities; implen	nents directe	d program
sponsible for the ca		and wellar		0.0						
ursing Administra		o fooilite e b	# of FTE	0.0	0.0	hiving and san	tions and and to	ation of the m	unaina and n	andinal aid
versees tne nursing aff. Manages nursii		-	oth inpatient and outpat	tient. Kespo	risidie for the	e niring and com	inuea eauc	ation of the ni	ursing and n	ieaicai aia
		ovomoni o		0.7	0.7					
Quality Manageme		profession	# of FTE nal staff, performance in	0.7	0.7	the facility and	natient care	e utilization rev	view	
copondible for crede	induling of the	proression	iai staii, periormanee iii	iprovement	onono within	the racinty and	oaliem care	, admzadori re	viow.	
nformation Manag			# of FTE	1.3	1.3					
•	•	•	s the responsibility for n			•	•	ance and dev	elopment of	the
•			orking resources allocat			idian Health Ser	vice.			
ealth Information			# of FTE	3.9	3.9		ilahilihi ana	d aafalsaanina	of notions ve	aarda (ala
	_		e for assembling, collect and improve patient care.		ırıg, arıaıyzır	ig, erisuririg ava	паршіу, апс	з ѕатекеерттід	or patient re	corus (ais
susiness Office	to radinato, o	valuato, ui	# of FTE	4.0	4.0					
	ments adminis	strative pro	ocedures to maximize no			delivery costs fi	om third-pa	arty payers; id	entifies patie	ents that ha
·		-	accounts receivable ma	-			-			
ayers; follows up to	ensure that co	llections ar	re made; and document	s and report	s collection a	ectivities.				
ontract Health			# of FTE	8.3	8.3					
	_		access to medical care				-	_		
are, identifying otne. taff.	r aiternate resc	ources, est	tablishing medical priori	ties and navi	ing an eπecti	ve working reiai	ionsnip witi	n all private pr	roviaers, pat	ients, and
ian.										
acility Support										
ervices										
Clinical Engineerin			# of FTE	0.6	0.6					
			tenance, inspection, and							
			viceability condition cod parts; rebuilds and fab							
	•		ssembles, packs, receiv			•				nem, msp
		,	, passes, races	,		,				
acility Manageme	ent		# of FTE	1.7	1.7					
he maintenance of a	health sites fa	acilities, bu	ilding systems and grou	unds						
Central Sterile			# of FTE	0.7	0.7					
	assembly, ste	erilization a	and distribution of reusa			responsible for	the distribu	tion of other s	terile produc	ts.
	•		# of FTE	0.0	0.0					
			ng and distribution of m			ents and staff. N	lutritional o	versight for th	ese meals a	s well as
utritional consultation	ns with patient	s and staff								
roperty & Supply			# of FTE	0.5	0.5				,	
			supplies, equipment, a							
	-		e, quality assurance, is: iired in support of the m					_	_	
* *			h authorization, propert			_			_	
_		-	ss materiel program.	J	. 0	5 , ,	, -	. 3/1	·	-

The California Area Health Services Master Plan Northern Valley Indian Health - Chico



Delivery Plan - Native American (IHS)

Housekeeping & Linen # of FTE 2.6 The Housekeeping Service provides responsibility for maintaining the interior of a facility at the highest level of cleanliness and sanitation achievable. Housekeeping, also, is responsible for picking up, sorting, issuing, distributing, mending, washing, and processing in-service linens including uniforms and special linens. Preventive Care/HPDP The oversight of all preventive care and health education programs within the facility. Education efforts will involve the public as well as the entire health system. These departments provide leadership to all areas of the facility in their efforts to increase the health awareness of the public. HPDP - Health Promotion Disease Prevention Public Health Nursing # of FTE 1.5 1.5 Public Health Nutrition # of FTE 0.0 0.0 Environmental Health # of FTE 1.4 1.4 Health Education # of FTE 0.0 0.0 Additional Services Case Management provides professional staff dedicated to insuring a continuum of care and follow up for chronically ill or potentially chronically ill patients. CHR # of FTE 0.0 1.0 1.0 Curre Community Health care screening. Also participate in health promotion activities and health fairs.				Projected Need			Delivery	Options	
Housekeeping & Linen The Housekeeping Service provides responsibility for maintaining the interior of a facility at the highest level of cleantliness and sanitation achievable. The Neusekeeping also, ir responsibility for maintaining the interior of a facility at the highest level of cleantliness and sanitation achievable. Neusekeeping also, ir responsible for picking up, sorting, issuing, distributing, mending, washing, and processing in-service lineas including uniforms and special intens. Preventive Care/HPDP The oversight of all preventive care and health education programs within the facility. Education efforts will involve the public as well as the entire health system. Satisff. These departments provide leadership to all areas of the facility in their efforts to increase the health awaraness of the public. HPDP - Health Promotic Disease Prevention 1.5		PSA Direct		Key Characteristics	# Req'd		PSA		
The Housekeeping Service provides responsibility for maintaining the interior of a facility at the highest level of cleanliness and sanitation achievable. Housekeeping, also, is responsible for picking up, sorting, issuing, distributing, mending, washing, and processing in-service linens including uniforms and special linens. Preventive GareHPDP The oversight of all preventive care and health education programs within the facility. Education efforts will involve the public as well as the entire health systems of the provide leadership to all areas of the facility in their efforts to increase the health awareness of the public. HPDP - Health Promotic Disease Prevention Public Health Nutrition # of FTE 0.0 Public Health Nutrition # of FTE 1.4 Health Education # of FTE 0.0 Additional Services Case Management provides professional staff dedicated to insuring a continuum of care and follow up for chronically ill or potentially chronically ill patients. Case Management provides professional staff dedicated to insuring a continuum of care and follow up for chronically ill or potentially chronically ill patients. Case Management provides professional staff dedicated to insuring a continuum of care and follow up for chronically ill or potentially chronically ill patients. Continuum of the program is supported chinically with prevent available health services, make referrals to appropriate agencies, and assists PPM staff basis health care screening. Also participate in health promotion activities and health fairs. Diabetes Program provides for the diabetic patient's education and case management and the prospective diabetic patient with preventive education and cilicities asserting. The program is supported clinically with prevental examinations and Pooliny ace. Senior Citizen Center # of FTE 0.0 0.0 Loc #2.* # of FTE 0.0 0.0 Loc #2.* # of FTE 0.0 0.0 Loc #2.* # of FTE 0.0 0.0 Loc #3.* # of FTE 0.0	Discipline	Care	Care	(KC)	in 2015	On Site On S	Site VP CHS*	Srv Unit Region	Remarks
Housekeeping, also, is responsible for picking up, sorting, issuing, distributing, mending, washing, and processing in-service linens including uniforms and special linens. Preventive Care/HPDP The oversight of all preventive care and health education programs within the facility. Education efforts will involve the public as well as the entire health systaff. These departments provide leadership to all areas of the facility in their efforts to increase the health awareness of the public. HPDP - Health Promotic Diseases Prevention Public Health Nutrition # of FTE 0.0 0.0 Additional Services Case Management Case Management Case Management Case Management Case Management For FTE 0.0 0.5 Case Management Community Health representatives inform community members about available health services, make referrals to appropriate agencies, and assist PPN staff basic health care accreeing. Also participate in health promotion activities and health flats. Diabetes Program provides for the diabetic patient's education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case managem	Housekeeping & L	inen		# of FTE	2.6	2.6			
CarrelHDP **New oversight of all preventive care and health education programs within the facility. Education efforts will involve the public as well as the entire health system. These departments provide leadership to all areas of the facility in their efforts to increase the health awareness of the public. HPDP - Health Promotic Disease Prevention **Debic Health Nursing** # of FTE	Housekeeping, also, i	•	•			,			
Public Health Nutrition # of FTE 0.0 Environmental Health # of FTE 1.4 Environmental Health # of FTE 0.0 Additional Services Case Management # of FTE 0.5 Case Management provides professional staff dedicated to insuring a continuum of care and follow up for chronically ill or potentially chronically ill patients. CHR # of FTE 0.0 I.0 1.0 I.0 1.0 I.0 I.0 I.0 I.0 II.0 Community Health representatives inform community members about available health services, make referrals to appropriate agencies, and assist PHN staff basis chealth care screening. Also participate in health promotion activities and health fairs. Diabetes Program # of FTE 0.0 I.9 I.9 I.9 Curre The Diabetes Program provides for the diabetic patient's education and case management and the prospective diabetic patient with preventive education and claims and Podiatry care. Senior Citizen Center # of FTE 0.0 Senior Citizen Center # of FTE 0.0 I.0 I.0 I.3 I.9 Curre II.9 Curre II.9 Congregate meal, meal delivery, companionship, advisory, exercise, transport. (3 people per center; Suprv., Cook, Driver) (Centers/Staff) EMS 153 153 Loc #1 - # of FTE 0.0 I.0 I.0 I.5 Emergency Medical Services provide emergency medical services within the boundaries of a service unit. Ambulances are available twenty-four hours a day seven days a week, staffed with State Certified EMT, IEMT and Paramedics. Alternative Medicine # of FTE 0.0 I.0 I.0 I.0 II.0 II.0 II.0 III.0 III	Care/HPDP The oversight of all prostaff. These departm			· · · · · · · · · · · · · · · · · · ·			•		-
Public Health Nutrition # of FTE 0.0 Environmental Health # of FTE 1.4 Environmental Health # of FTE 0.0 Additional Services Case Management # of FTE 0.5 O.5 Case Management provides professional staff dedicated to insuring a continuum of care and follow up for chronically ill or potentially chronically ill patients. CHR # of FTE 0.0 I.0 1.0 I.0 1.0 Community Health representatives inform community members about available health services, make referrals to appropriate agencies, and assist PHN staff basis health care screening. Also participate in health promotion activities and health fairs. Diabetes Program # of FTE 0.0 I.9 1.9 I.9 Curre The Diabetes Program provides for the diabetic patient's education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and cinical screening. The program is supported clinically with pre-neal examinations and Podiatry care. Senior Citizen Center # of FTE 0.0 I.9 0.0 Environmental Health Prospective diabetic patient with preventive education and cinical screening. The program is supported clinically with pre-neal examinations and Podiatry care. Senior Citizen Center # of FTE 0.0 I.0 0.0 II.0 0.0	Public Health Nurs	ina		# of FTE	1.5	1.5			
Environmental Health # of FTE 0.0 0.0 Additional Services Case Management # of FTE 0.5 0.5 Case Management provides professional staff dedicated to insuring a continuum of care and follow up for chronically ill or potentially chronically ill patients. CHR # of FTE 0.0 1.0 1.0 1.0 curre Community Health representatives inform community members about available health services, make referrals to appropriate agencies, and assist PHN staff basic health care screening. Also participate in health promotion activities and health fairs. Diabetes Program provides for the diabetic patients education and case management and the prospective diabetic patient with preventive education and cinical screening. The program is supported clinically with pre-renal examinations and Podiatry care. Senior Citizen Center # of FTE 0.0 0.0 0.0 Congregate meal, meal delivery, companionship, advisory, exercise, transport. (3 people per center; Suprv., Cook, Driver) (Centers/Staff) EMS 153 153 Loc #1 - # of FTE 0.0 0.0 0.0 # of Ambulances 0.0 0.0 Loc #2 - # of FTE 0.0 0.0 0.0 # of Ambulances 0.0 0.0 Loc #3 - # of FTE 0.0 0.0 0.0 # of Ambulances o.0 0.0 0.0 # of Ambulanc									
Additional Services Case Management # of FTE 0.5 0.5 Case Management provides professional staff dedicated to insuring a continuum of care and follow up for chronically ill or potentially chronically ill patients. CHR # of FTE 0.0 1.0 1.0 1.0 Curre Community Health representatives inform community members about available health services, make referrals to appropriate agencies, and assist PHN staft basis health care screening. Also participate in health promotion activities and health fairs. Diabetes Program # of FTE 0.0 1.9 1.9 0.0 Curre The Diabetes Program provides for the diabetic patient's education and case management and the prospective diabetic patient with preventive education and clinical screening. The program is supported clinically with pre-renal examinations and Podiaty care. Senior Citizen Center # of FTE 0.0 0.0 Congregate meal, meal delivery, companionship, advisory, exercise, transport. (3 people per center; Suprv., Cook, Driver) (Centers/Staff) EMS 153 153 Loc #1 - # of FTE 0.0 0.0 Loc #2 - # of FTE 0.0 0.0 Loc #2 - # of FTE 0.0 0.0 Loc #3 - # of FTE 0.0 0.0 Emergency Medical Services provide amergement dealth provides within the boundaries of a service unit. Ambulances are available twenty-four hours a day seven days a week, staffed with State Certified EMT, IEMT and Paramedics. Alternative Medicine # of FTE 0.0 0.0 This service provides natural, traditional and chiropractic services to the community as well as educational services related to various health issues. It also so alleviate concerns community members may have regarding unaddressed health issues. It also so to alleviate concerns community members and the provide basic prenatal and childrith education of the provides in support of the medical mission. Maternal Child Health services exist to provide basic prenatal and childrith education and support to Native American mothers. These services can incorred for automotive operation and maintenance and the administration of garage and dispatching activities in support of									
Case Management Case Management Case Management provides professional staff dedicated to insuring a continuum of care and follow up for chronically ill or potentially chronically ill patients. CHR # of FTE 0.0 1.0 1.0 1.0 1.0 Curre Community Health representatives inform community members about available health services, make referrals to appropriate agencies, and assist PHN staff basis health care screening. Also participate in health promotion activities and health fairs. Diabetes Program # of FTE 0.0 1.9 1.9 1.9 Curre The Diabetes Program provides for the diabetic patients's education and case management and the prospective diabetic patient with preventive education and cinical screening. The program is supported clinically with pre-renal examinations and Podiatry care. Senior Citizen Center # of FTE 0.0 0.0 Congregate meal, meal delivery, companionship, advisory, exercise, transport. (3 people per center; Suprv., Cook, Driver) (Centers/Staff) EMS 153 153 Loc #1 - # of FTE 0.0 0.0 153 # of Ambulances 0.0 0.0 153 # of Ambulances 0.0 0.0 153 Emergency Medical Services provides emergency medical services within the boundaries of a service unit. Ambulances are available twenty-four hours a day seven days a week, staffed with State Certified EMT, IEMT and Paramedics. Alternative Medicine # of FTE 0.0 0.0 Emergency Medical Services provides matural, traditional and chiropractic services to the community as well as educational services related to various health issues. It also s to alleviate concerns community members may have regarding unaddressed health issues. Transportation Department transports community residents to health related facilities within the service unit, and surrounding cities. It includes all the expensionured for automotive operation and maintenance and the administration of garage and dispatching activities in support of the medical mission. Maternal Child Health # of FTE 0.0 0.0 Maternal Child Health # of FTE 0.0 0.0 Maternal Child Health services exist to provide basic prenatal	Health Education								
Case Management provides professional staff dedicated to insuring a continuum of care and follow up for chronically ill or potentially chronically ill patients. CHR # of FTE 0.0 1.0 Curre Community Health representatives inform community members about available health services, make referrals to appropriate agencies, and assist PHN staff basis health care screening. Also participate in health promotion activities and health fairs. Diabetes Program provides for the diabetic patient's education and case management and the prospective diabetic patient with preventive education and calcinical screening. The program is supported clinically with prevention and case management and the prospective diabetic patient with preventive education and clinical screening. The program is supported clinically with preventive education and case management and the prospective diabetic patient with preventive education and clinical screening. The program is supported clinically with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and case management and the prospective diabetic patient with preventive education and education and case management and the prospective diabetic patient with preventive education and education and education and case management and the prospective diabetic patient with preventive education and education and maintenance and the affert E 0.0 0.0 0.0 153 # of Ambulances 0.0 0.0 0.0 153 # of Ambulances 0.0 0.0 0.0 153 # of Ambulances 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.		1							
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Maternal and Child Health services exist to provide basic prenatal and childbirth education and support to Native American mothers. These services can incorporate breastfeeding education/support, home visit evaluations for pre and post natal care, education on topics such as FAS/FAE, car seat use and safety, and nutring the services of the services	Maternal Child Hea	alth		# of FTE	0.0	0.0			
WIC Program provides nutrition screening, nutrition education, supplemental food and referral to needed Community resources for pregnant, breastfeeding, postpartum women, infants and children <5 years of age who meet income guidelines (185% poverty) and are found to have a nutritional risk. Security # of FTE 0.0 0.0			•	•		• •			
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	Security			# of FTF	0.0	0.0			
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The California Area Health Services Master Plan Northern Valley Indian Health - Chico



Delivery Plan - Native American (IHS)

			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA			s due to	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Domestic Violence			# of FTE	0.0	0.0		-1	l		:- th
, ,		•	Native American health o procedures, and pre-		•		•		•	•
	through the pr		helters/safe houses an	•				•		•
Wellness Center			# of FTE	0.0	0.0					
•			aining, coaching and e ns as Elder Care, Diabe			ricans of all age	s, acting eith	er as an inde	pendent ser	vice or in
Outreach Elder Ca	. •		# of FTE	0.0	0.0					
education and health			nvironment as well as a rided by the staff.	n outreach p	orogram for t	the community's	elders. Lun	ch distributio	n, social fund	ctions, health
HIV/AIDS			# of FTE	0.0	0.0					
Coordinates all educa with HIV/AIDS.	ational service	s for person	s at high-risk for contra	acting the vir	us which cau	uses HIV/AIDS.	Case mana	gement is als	so provided t	o those living
Injury Prevention			# of FTE	0.0	0.0					
Reduce injury morbid	ity and mortal	ity among N	ative Americans.							
Tribal Health Admi	nistration		# of FTE	0.0	0.0					
Tribal Health Adminis personal control over			ees and ensures qualit filife.	y health serv	ices for serv	rice unit resident	ts, while enc	ouraging mor	e self-reliand	ce and
Tobacco			# of FTE	0.0	0.0					
			eus primarily on reducir Through education and				as well as r	educing expo	sure to seco	ond hand
Bio-Terrorism			# of FTE	0.0	0.0					
, ,	•		ordination and planning oment for the Service A	_	cy response	activities, includ	ding emergin	g infectious o	diseases, he	althcare
Total 2015 Non-D	eviated RR	M Staff F7	Es	46.2	52.2	Required IH	S Support	able Space	e Staff	



Resource Allocation - Native American (IHS)

		Direct He	alth Care			Contr	act Healt	h Care
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Primary Care	Provider Visits Only					Provider Visits Only		
Family Practice		Providers	1.0	2.4	240%	0	\$64	\$0
,	•	lers to outlying areas.					• •	, -
	_	Provider Offices	1.0	2.0	200%			
		Exam Rooms	4.0	6.0	150%			
Internal Medicine	0	Providers	0.0		100%	0	\$64	\$0
	Visiting Provid	lers to outlying areas.	0.0		4000/			
		Inpatient Physician Provider Offices	0.0		100% 100%			
		Exam Rooms	0.0		100%			
Pediatric	0	Providers	0.0		100%	0	\$50	\$0
		lers to outlying areas.	0.0		10070		ψoo	Ų ū
	ŭ	Inpatient Physician	0.0		100%			
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Ob/Gyn	0	Providers	0.0		100%	0	\$110	\$0
	Visiting Provid	lers to outlying areas.	0.0		4000/			
		Inpatient Physician Provider Offices	0.0		100% 100%			
		Exam Rooms	0.0		100%			
Urgent Care Clinic	0	Providers	0.0		100%	0	\$136	\$0
organic dans dimina	~	lers to outlying areas.	0.0		10070		4.00	Ų ū
	ŭ	Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Primary Care Total	4,467	Providers	1.0	2.4	240%	0		\$0
		Provider Offices	1.0	2.0	200%			
		port (RN+LPN+CNA)	1.5	4.0	267%			
	Ambuia	atory Care Nutritionist Exam Rooms	4.0	6.0	100% 150%			
		Dept. Gross Sq. Mtrs	4.0 147.0	6.0 330.0	224%			
		Dept. Gross eq. mas	147.0	000.0	LLT/0			
Emergency Care	0	ER Providers	0.0		100%	500	\$261	\$130,483
	Nursir	ng Support (RN+LPN)	0.0		100%			
		Patient Spaces	0.0		100%			
	Provider Visits	Dept. Gross Sq. Mtrs	0.0		100%	Provider Visits		
Specialty Care	Only					Only		
Orthopedics	0	Providers	0.0		100%	219	\$134	\$29,340
·	Visiting Provid	lers to outlying areas.						
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Ophthalmology	0	Providers	0.0		100%	142	\$136	\$19,251
	Visiting Provid	lers to outlying areas. Provider Offices	0.0		4000/			
		Exam Rooms	0.0		100% 100%			
Dermatology	0	Providers	0.0		100%	171	\$73	\$12,370
_ c.matology	~	lers to outlying areas.	0.0		100/0	., .	Ψί	ψ.=,0.0
	. 5	Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
General Surgery	0	Providers	0.0		100%	166	\$163	\$27,053
	Visiting Provid	lers to outlying areas.						
		Provider Offices	0.0		100%			
Otalam manala		Exam Rooms	0.0		100%	101	# 00	CO CC4
Otolaryngology	0 Visiting Provid	Providers lers to outlying areas.	0.0		100%	101	\$86	\$8,664
	VISILITY FIOVIC	Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
			0.0		10070			

Northern Valley Indian Health - Chico



Resource Allocation - Native American (IHS)

		Direct Health Care				Contr	Contract Health Care			
				Exist KC						
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	(From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars		
Cardiology	n ojected	Providers	0.0	Quest.)	100%	42	\$126	\$5,305		
Cardiology	•	ers to outlying areas.	0.0		100 /0	42	φ120	φ5,505		
	violang i rovia	Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Urology	0	Providers	0.0		100%	53	\$163	\$8,600		
	Visiting Provid	ers to outlying areas.								
	Provider Offices		0.0		100%					
		Exam Rooms	0.0		100%					
Neurology		Providers	0.0		100%	46	\$133	\$6,116		
	Visiting Provid	ers to outlying areas.								
		Provider Offices	0.0		100%					
	-	Exam Rooms	0.0		100%					
Other Subspecialties						255	\$96	\$24,401		
Nephrology	0	Providers	0.0		100%					
27 - 37	Visiting Provid	ers to outlying areas.								
	-	Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Allergy		Providers	0.0		100%					
		ers to outlying areas.								
		Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Pulmonology		Providers	0.0		100%					
	Visiting Provid	ers to outlying areas.	0.0		4000/					
		Provider Offices Exam Rooms	0.0		100%					
Gerontology		Providers	0.0		100% 100%					
Geronlology		ers to outlying areas.	0.0		100 /0					
	•	Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Gastroenterology		Providers	0.0		100%					
3,1111111111111111111111111111111111111		ers to outlying areas.								
	-	Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Rheumatology		Providers	0.0		100%					
	0	ers to outlying areas.								
		Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Oncology	\ r \ r \ r \ r \ r \ r \ r \ r \ r \ r	Providers	0.0		100%					
		ers to outlying areas.	0.0		4000/					
		Provider Offices	0.0		100%					
Pediatric-Specialist		Exam Rooms Providers	0.0		100% 100%					
rediatric-Specialist		ers to outlying areas.	0.0		100%					
		Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Traditional Healing	-	Providers	1.0		0%					
Traditional Froating		Provider Offices	1.0		0%					
		Exam Rooms	1.0		0%					
Podiatry Visits	0	Podiatrists	0.0		100%	200	\$0	\$0		
-	Visiting Provid	ers to outlying areas.								
	-	Podiatry Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Specialty Care Sub-Total	0	Exam Rooms	1.0	0.0	0%	1,395		\$141,099		
		Provider Offices	1.0	0.0	0%					
	Nursing Sup	port (RN+LPN+CNA)	0.0		100%					
		Dept. Gross Sq. Mtrs	73.0		0%					
Total In-House Providers	4,467	Providers	2.0	2.4	120%					
Total III Floude I Tovidela	7,701	1 TOVIGOIO	2.0	L. T	120/0					

Northern Valley Indian Health - Chico



Resource Allocation - Native American (IHS)

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct He	alth Care			Cont	ract Healt	h Care
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Visiting Professional Clinic	748	Exam	1.0		0%			
Services Include: Opt, Pod, A	udiology	Provider Offices Dept. Gross Sq. Mtrs	1.0 41.0		0% 0%			
Other Ambulatory Care		Dept. Gloss Sq. Milis	41.0		U /0			
Services								
Dental Service Minutes	145,233	Dentists	0.9	2.4	267%	0	\$0	\$0
	\" · · · · · · · · · · · · · · · · · · ·	Visiting Specialists	0.0		100%			
	Visiting Provi	ders to outlying areas. Hygienists	0.5		0%			
		Dental Chair	2.0	8.0	400%			
		Specialist Chair	0.0		100%			
	_	Dept. Gross Sq. Mtrs		178.0	217%			
Optometry Visits	0	Optometrist	0.0		100%	371	\$204	\$75,821
	Visiting Provi	ders to outlying areas. Provider Offices	0.0		100%			
		Eye Lanes	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Dialysis Patients	0	Dialysis Stations	0.0		100%	1	\$328	\$418
		Dept. Gross Sq. Mtrs			100%			
Audiology Visits	0 Visiting Provi	Audiologists	0.0		100%	177	\$551	\$97,504
	Visiting Provi	ders to outlying areas. Audiologist Offices	0.0		100%			
		Audiologist Offices Audiology Booths	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Behavioral Health								
Mental Health	_	Counselors	1.9	0.8	42%	_		
Psychiatry	-	Counselors	0.0	0.0	100%			
Social Service	_	Counselors	1.7	1.2	71%			
Alcohol & Substance Abuse		Counselors	1.2	1.0	83%			
Behavioral Health Total	Visiting Drawi	Total Counselors	4.8	3.0	63%	122	\$417	\$51,067
	Visiting Provi	ders to outlying areas. Counselor Offices	5.0	3.0	60%			
		Dept. Gross Sq. Mtrs		36.0	28%			
Innations Cons								
Inpatient Care	0	LDRPs	0.0		1000/	23	\$1,983	¢46 276
Births	U	Dept. Gross Sq. Mtrs	0.0 0.0		100% 100%	23	क्।,५०७	\$46,276
Obstetric Patient Days	0	Post Partum beds	0.0		100%	50		
•		Dept. Gross Sq. Mtrs	0.0		100%			
Neonatology Patient Days	0	# of Bassinets	0.0		100%	64	\$562	\$36,084
Dedictale Deticat Dece		Dept. Gross Sq. Mtrs			100%	00	# 500	647.004
Pediatric Patient Days	0	# of Beds Dept. Gross Sq. Mtrs	0.0 0.0		100% 100%	32	\$562	\$17,901
Adult Medical Acute Care	0	# of Beds	0.0		100%	168	\$1,918	\$321,486
rtadit inibalbal 7 toato balo	· ·	Dept. Gross Sq. Mtrs			100%	100	Ψ1,010	Ψ021,100
Adult Surgical Acute Care	0	# of Beds	0.0		100%	127	\$1,918	\$242,911
		Dept. Gross Sq. Mtrs			100%			
Intensive Care Patient Days	0	# of Beds	0.0		100%	41	\$1,918	\$77,863
Psychiatric Patient Days	0	Dept. Gross Sq. Mtrs # of Beds	0.0		100% 100%	25	\$356	\$8,897
i syonianio i ancin Days	U	Dept. Gross Sq. Mtrs			100%	25	ψυυυ	ψυ,υσι
Medical Detox Patient Days	0	# of Beds	0.0		100%	4	\$356	\$1,498
		Dept. Gross Sq. Mtrs			100%			,
Sub Acute/Transitional Care	0	# of Beds	0.0		100%			
Innations Orac Tet 1		Dept. Gross Sq. Mtrs		0	100%	F40		6750.045
Inpatient Care Total	0	# of patient beds Dept. Gross Sq. Mtrs	0 0	0	100% 100%	510		\$752,915
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Page 24 of 28

Northern Valley Indian Health - Chico



Resource Allocation - Native American (IHS)

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Hea	alth Care			Cont	ract Healt	h Care
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Ancillary Services								
Laboratory Services								
Clinical Lab	0	Tech staff @ peak	0.0		100%			
Microbiology Lab	0	Tech staff @ peak	0.0		100%			
Blood Bank	0	Tech staff @ peak	0.0		100%			
Anatomical Pathology	0	Tech staff @ peak	0.0		100%			
Lab Total	0	Tech staff @ peak	0.0	0.0	100%	4,957	\$192	\$953,300
		Dept. Gross Sq. Mtrs			100%			
Pharmacy	0	Pharmacists	0.0		100%	11,838		\$0
		Dept. Gross Sq. Mtrs			100%			
Acute Dialysis	0	Rooms	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Diagnostic Imaging								
Radiographic exams	0	Rooms	0.0		100%	460	\$232	\$106,455
Ultrasound Exams	0	Rooms	0.0		100%	78	\$302	\$23,505
Mammography Exams	0	Rooms	0.0		100%	146	\$136	\$19,865
Fluoroscopy Exams	0	Rooms	0.0		100%	32	\$56	\$1,807
СТ	0	Rooms	0.0		100%	29	\$736	\$21,678
MRI exams	0	Rooms	0.0		100%	20	\$1,314	\$26,774
Diagnostic Imaging Total	0	Radiologists	0.0		100%	765		\$200,082
		Dept. Gross Sq. Mtrs			100%			
Nuclear Medicine	0	Rooms	0.0		100%	51	\$723	\$36,618
		Dept. Gross Sq. Mtrs	0.0		100%			
Radiation Oncology	0	Rooms	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Chemotherapy	0	Patient Spaces	0.0		100%	0	\$1,192	\$0
		Dept. Gross Sq. Mtrs	0.0		100%			
Rehabilitation Services								
PT Visits	0	Therapy FTE	0.0		100%			
OT Visits	0	Therapy FTE	0.0		100%			
Speech Therapy Visits	0	Therapy FTE	0.0		100%			40= -00
Rehab Total	0	Therapy FTE	0.0	0.0	100%	511	\$74	\$37,592
		Dept. Gross Sq. Mtrs			100%			
RT Workload Minutes	0	Therapy FTE	0.0		100%	0		\$0
		Dept. Gross Sq. Mtrs			100%			
Cardiac Catheterization	0	Rooms	0.0		100%	7	\$3,378	\$22,817
		Dept. Gross Sq. Mtrs	0.0		100%			
Surgery		-	0.0			- 10	04.40=	***
Outpatient Endoscopy Cases	0	Endoscopy Suites	0.0		100%	18	\$1,495	\$26,382
Outpatient Surgery Cases	0	Outpatient ORs	0.0		100%	71	\$980	\$69,233
Inpatient Surgical Cases	0	Inpatient ORs	0.0		100%	19		\$0
		# of Pre-Op Spaces	0.0		100%			
		# of PACU Spaces	0.0		100%			
		# of Phase II Spaces	0.0		100%	10=		207.017
Surgical Case Total	0	# of ORs	0.0	0.0	100%	107		\$95,615
		Dept. Gross Sq. Mtrs	0.0		100%			
Administrative Support								
Administration		# of FTE	5.7	3.5	61%			
		Dept. Gross Sq. Mtrs	109.0	183.0	168%			
Nursing Administration		# of FTE	0.0	.00.0	100%			
		Dept. Gross Sq. Mtrs			100%			
Quality Management		# of FTE	0.7		0%			
		Dept. Gross Sq. Mtrs			0%			
Information Management		# of FTE	1.3	0.5	39%			
		Dept. Gross Sq. Mtrs	21.9	0.0	0%			
Health Information Mngmt.		# of FTE	3.9	7.0	181%			
		Dept. Gross Sq. Mtrs		42.0	141%			
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Northern Valley Indian Health - Chico



Resource Allocation - Native American (IHS)

	Direct Health Care				Cont	ract Healt	h Care	
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Business Office	# of FTE		4.0	· ·	0%			
	_	Dept. Gross Sq. Mtrs			0%			
Contract Health		# of FTE Dept. Gross Sq. Mtrs	8.3 125.2	1.0	12% 0%			
Facility Cumpert Convince		Dept. Gross eq. was	120.2		0 / 0			
Facility Support Services		# of FTE	0.0		00/			
Clinical Engineering		# of FIE Dept. Gross Sq. Mtrs	0.6 17.0		0% 0%			
Facility Management		# of FTE	1.7	1.0	58%			
Tacility Management		Dept. Gross Sq. Mtrs		8.0	32%			
Central Sterile	-	# of FTE	0.7	0.0	0%			
		Dept. Gross Sq. Mtrs			0%			
Dietary		# of FTE	0.0		100%			
•		Dept. Gross Sq. Mtrs			100%			
Property & Supply		# of FTE	0.5		0%			
		Dept. Gross Sq. Mtrs	27.4		0%			
Housekeeping & Linen		# of FTE	2.6		0%			
		Dept. Gross Sq. Mtrs	8.6		0%			
Preventive Care								
Public Health Nursing	_	# of FTE	1.5		0%			
Tublic Health Nursing	Visiting Provid	lers to outlying areas.	1.0		0 /0			
	violarig i rovic	Dept. Gross Sq. Mtrs	26.0		0%			
Public Health Nutrition		# of FTE	0.0		100%			
	Visiting Provid	lers to outlying areas.			10070			
	3 3	Dept. Gross Sq. Mtrs	0.0		100%			
Environmental Health	_	# of FTE	1.4		0%			
		Dept. Gross Sq. Mtrs	27.1		0%			
Health Education		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Case Management		# of FTE	0.5		0%			
	Visiting Provid	lers to outlying areas.						
O. U.D.		Dept. Gross Sq. Mtrs			0%			
CHR		# of FTE	1.0	1.0	100%			
Dishetes Deserves		Dept. Gross Sq. Mtrs		107.0	787%			
Diabetes Program		# of FTE	1.9 33.4	1.9 20.0	100%			
HIV/AIDS		Dept. Gross Sq. Mtrs # of FTE	0.0	20.0	60% 100%			
TIIVAIDS		Dept. Gross Sq. Mtrs			100%			
Tobacco		# of FTE	0.0		100%			
100000		Dept. Gross Sq. Mtrs	0.0		100%			
WIC	-	# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs		107.0	100%			
Wellness Center	_	# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Additional Services - IHS S	upported							
Transportation		# of FTE	0.0		100%	0	\$161	\$0
•		Dept. Gross Sq. Mtrs	0.0		100%			
Domestic Violence		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
EMS		# of FTE	0.0		100%	153	\$642	\$98,213
		# of Ambulances	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Maternal Child Health		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Tribal Health Administration		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			

Northern Valley Indian Health - Chico



Resource Allocation - Native American (IHS)

. ,	,							
		alth Care			Contract Health Care			
	Planned	Key Characteristics	# Reg'd in	Exist KC (From		Planned	Cost /	Total CH
Discipline	Projected	(KC)	2015	Quest.)	% of Need	Projected	Unit	Dollars
Alternative Medicine		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Bio-Terrorism		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Injury Prevention		# of FTE	0.0		100%			
		Bldg. Gross Sq. Mtrs.			100%			
Security		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Total 2015 Non-Deviated RRM vs Existing Recurring IHS			46.2	13.5	29%			
Positions			50.0	40.0	0.40/			
IHS Supportable Space Staff Required vs. Existing			52.2	49.0	94%			
IHS Supportable Space - Build	ing Gross S	quare Meters	1,490	1,060	71%			
Substance Abuse Non-								
Acute Care								
Adult Residential Treatment	0	# of Beds	0.0		100%			
Adolescent Residential	0	Dept. Gross Sq. Mtrs # of Beds	0.0		100% 100%			
Treatment	U	Dept. Gross Sq. Mtrs			100%			
Substance Abuse Transitional	8	# of Beds	1.4		0%			
Care	O	Dept. Gross Sq. Mtrs			0%			
Total SANAC - Building Gross Square Meters			69	0	0%			
Additional Services - Non-IHS		0.0.0			070			
Elder Care	Сирропси							
Nursing Home	0	# of patient beds	0.0		100%			
tureing treme		Bldg. Gross Sq. Mtrs.			100%			
Assisted Living	0	# of patient beds	0.0		100%			
3		Bldg. Gross Sq. Mtrs.	0.0		100%			
Hospice	0	# of patient beds	0.0		100%			
·		Bldg. Gross Sq. Mtrs.	0.0		100%			
Senior Citizen Center	-	# of FTE	0.0		100%			
		Bldg. Gross Sq. Mtrs.	0.0		100%			
Outreach Elder Care		# of FTE	0.0		100%			
		Bldg. Gross Sq. Mtrs.	0.0		100%			
Home Health Care	0	# of Home Health Care FTE	0.0		100%	7	\$0	\$0
		Bldg. Gross Sq. Mtrs.	0.0		100%			
Elder Care Total	0	# of patient beds	0	0	100%	-		
		Bldg. Gross Sq. Mtrs.	0	0	100%			
Total Elden Come Dellat	Dunna O	Matana	0	0	4000/			
Total Elder Care - Building Gross Square Meters			0	0	100%			

Northern Valley Indian Health - Chico



Resource Allocation - Native American (IHS)

	Direct Health Care							
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need			
Miscellaneous Services								
		# of FTE	0.0		100%			
		Bldg. Gross Sq. Mtrs.	0.0		100%			
		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
		# of FTE	0.0		100%			
		Bldg. Gross Sq. Mtrs.	0.0		100%			
Miscellaneous Services Buil	0	0	100%					
Grand Total - Total Building Gross Square Meters				1,060	68%			

Contract Health Care						
Planned	Cost /	Total CH				
Projected	Unit	Dollars				

Contract Health Dollars Sub-Total	\$2,693,545
Other Expenditures - Contract Health	\$1,050,483
Inflation Adjusted CHS \$ - Total	\$5,016,998